MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03932

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 4/17/46
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 38 Admiral Boulevard

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Costas	Peter	ADAS	April	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	2/15/94	56 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant worker — ~~wait~~
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Turkey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Adas
109-12-2833
14. MOTHER'S MAIDEN NAME: Carnation ? DOGANIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unkn. (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: ~~unknown~~
17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute myocarditis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilitic meningo-encephalitis	4 years
	(c) Syphilis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--- m.	---	---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to April 19, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) — ADDRESS Sykesville, Maryland — DATE SIGNED 4/20/50

Martin Gross, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	22 APRIL 1950	GREEK ORTHODOX CEMETERY	WOODLAWN, md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
4/21/50	C. W. Medical	Walter Brooks Bradley, Dundalk, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03933

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizellburg; LENGTH OF STAY (in this place) 92 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS "	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizellburg; STREET ADDRESS (If rural give location) "

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William		Arthur	April	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widowed	Nov. 5-1857	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Produce dealer Retired 29 yrs	Own business	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Arthur	Jeannette Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs H. W. Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of descending colon	
Antecedent cause(s)	(b) with metastasis to spinal cord	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Retention of urine	3 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1949, to 4/2, 1950, that I last saw the deceased alive on 4/1, 1950, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lemuel Woodward M.D. ADDRESS Westminster, DATE SIGNED 4/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 5-1950	Baust Cemetery	Taneytown Rd. Westminster Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 3, 1950	Margaret R. Englar	L. Bankard Son	Westminster, Md.

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BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (In this place) 41 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Beda	B	Baker		April	9,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	about 1867 unknown	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	none	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Harbaugh	Nancy Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.1 I32d)	(b) hypertensive Arteriosclerosis and cardiovascular disease known	8 years
	(c) Pernicious anaemia known	9 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Paranoid condition	about 44 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-2, 1942, to 4-9-, 1950, that I last saw the deceased alive on 4-9-, 1950, and that death occurred at 7.15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Irene L. Wehmeier, M.D. — Springfield State Hospital — 4-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 12 1950	Rose Hill	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 10, 1950	Harry Keen	C. M. Sutter & Son,	Hagerstown, Md.

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APR 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03935

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blake School House
STREET ADDRESS (If rural give location) N. Pa. state line

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Burton (Last) Bankard

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 17 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Bankard

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs J. J. Wagoner Westminster R. 6 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis (chr)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to Apr. 11, 1950, that I last saw the deceased alive on Apr 10, 1950, and that death occurred at 10:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. C. Jamutte M.D. — Westminster Md — 4-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: April 15-1950 — NAME OF CEMETERY OR CREMATORY: Babylet Cemetery — LOCATION (City, town, or county) (State): Westminster R.D. 7 Md.

DATE REC'D BY LOCAL REG. 4/14/50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

H. Bankard & Son, Westminster, Md.

866 W

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APR 17 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03936

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural)
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) NOLAND (Middle) E (Last) BASLER

4. DATE OF DEATH (Month) April (Day) 24 (Year) 1950

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) M | 8. DATE OF BIRTH Apr 10-1885 | 9. AGE last birthday 65 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Basler | 14. MOTHER'S MAIDEN NAME Julia A Houck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY No. ✓ | 17. INFORMANT Mrs Noland E Basler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Nephritis with edema,

204.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension 235/120 ++

55e (c) Colitis with diarrhea + blood probably cancerous

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or coudition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 23, 1950, to Apr 23, 1950, that I last saw the deceased alive on Apr 23, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Cyril E. Foroble MD (Degree or title) ADDRESS Upperco Md DATE SIGNED 4/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 26/50 | NAME OF CEMETERY OR CREMATORY Wesley | LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. April 25, 1950 | REGISTRAR'S SIGNATURE John S. Hughes Jr. | 24. FUNERAL DIRECTOR Edw C Tipton - Hampstead Md ADDRESS

000 VV

BUREAU V. M.
APR 28 1950

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC Reg. Dist. No. 03927 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sypesville
LENGTH OF STAY (in this place) 43 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Bu
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 806 S. Ellwood Av. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Virgie (Middle) ./. (Last) Becker

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1950

5. SEX fem.
6. COLOR OR RACE wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH ~~above~~ 65 years old
9. AGE last birthday 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Calvin Becker
14. MOTHER'S MAIDEN NAME Emma Schutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Brother Mr Becker 806 S. Ellwood Bu

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Heart failure	2 hours
97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia hebephr. type

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to April 29, 1950, that I last saw the deceased alive on April 25, 1950, and that death occurred at 11.40 A.m., from the causes and on the date stated above.

SIGNATURE Elizabeth A Winiarz (Degree or title) ADDRESS Springfield St H. DATE SIGNED April 29. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-2-50
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Balto - Md.

DATE REC'D BY LOCAL REG. April 29, 1950
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR Lilly & Zeiler - 403 S. Wolfe St. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Anna (Last) Bishop

4. DATE OF DEATH (Month) April (Day) 25 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 6, 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Shriner
14. MOTHER'S MAIDEN NAME Henrietta Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Myrtle Ohler, Littlestown, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
491x	Immediate cause	(a) Cerebral Hemorrhage April 24,	2 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestion of the Lungs with Bronchial Pneumonia and convalescence march 9th.	6 weeks
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1950, to April 25, 1950, that I last saw the deceased alive on April 25, 1950, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE C. M. Benner (Degree or title) MD. ADDRESS Taneytown, Maryland. DATE SIGNED April 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 28, 1950
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Taneytown (State) Maryland

DATE REC'D BY LOCAL REG. April 28, 1950
REGISTRAR'S SIGNATURE Ethel M Mehring
24. FUNERAL DIRECTOR C. O. Fuss & Son Taneytown ADDRESS Maryland

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MAY 2 1950
BUREAU T. S.

03939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 10 mos. 11 dys.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital	STREET ADDRESS (If rural, give location): 656 W. Saratoga Street

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) WILLIAMS	(Last) BROWN	4. DATE OF DEATH	(Month) April	(Day) 28	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: April 7, 1901	9. AGE last birthday: 49 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Charwoman	11. BIRTHPLACE (State or foreign country): Columbus, S. Carolina	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Willey Williams	14. MOTHER'S MAIDEN NAME: Lizzie Saunders						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002x Immediate cause (a) Pulmonary Tuberculosis — Mar., 1949

Antecedent cause(s) — 1949

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1949, to April 28, 1950, that I last saw the deceased alive on April 28, 1950, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	4-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 5/1/50	NAME OF CEMETERY OR CREMATORY: Unerwty Hospital	LOCATION (City, town, or county) (State): Balto City
DATE REC'D BY LOCAL REG. 4-28-50	REGISTRAR'S SIGNATURE: Albert R. Swankham	24. FUNERAL DIRECTOR: Frances A. Hemsley	ADDRESS: 5787 W Biddle St

Deputy Local

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03940

Reg. Dist. No. 74

#9 change shown now

FHM No. G 125 MAY 10 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 4/9/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Massachusetts
COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boston
STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) --- (Last) Brown #2

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10/6/79

9. AGE last birthday: 70 ~~71~~ yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rigger - stevedore

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Boston, Massachusetts

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Charlie Brown

14. MOTHER'S MAIDEN NAME: Pauline --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	more than 2 years.
443x 93d	(c) Psychosis with cerebral arteriosclerosis with hypertension	7 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Convulsions	7 years.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --- (CITY OR TOWN) --- (COUNTY) --- (STATE)

TIME OF INJURY (Month) --- (Day) --- (Year) --- (Hour) --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from August 24 1948., to April 25, 1950., that I last saw the deceased alive on April 25, 1950., and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M. D. (Degree or title) ADDRESS Sykesville, Maryland DATE SIGNED 4/25/50

Martin Gross, M.D.

23. BURIAL, CREMATION / REMOVAL (Specify): Removal

DATE THEREOF: 4/27/50

NAME OF CEMETERY OR CREMATORY: University Hospital

LOCATION (City, town, or county) (State): Balto City

DATE REC'D BY LOCAL REG.: April 27 1950

REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR: Mrs Frances A Hemaly ADDRESS: 598 N Biddle

4651

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03941

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Nursing Home Manchester, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 178 E. Green St.

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) (Last) Buckingham

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 26, 1876
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired School teacher
10b. KIND OF BUSINESS OR INDUSTRY Public School
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Alfred William Buckingham
14. MOTHER'S MAIDEN NAME Martha Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Eleanor E Faugh 178 E. Green St. Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Osteogenic Sarcoma Rt Leg	4 yrs
199.1	Antecedent cause(s)		
55e	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Spread Lungs -	4 months
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1950, to April 19, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M. D. ADDRESS Manchester, Md. DATE SIGNED April 19-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 22-1950
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. Apr. 19/50
REGISTRAR'S SIGNATURE Mrs. H. P. S. Denner
24. FUNERAL DIRECTOR H Bankard & Son Westminster, Md. ADDRESS

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1950
BUREAU U. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03942

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 41 yrs. 3 mos 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 500 Virginia Avenue

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) B. (Last) CHENOWETH
4. DATE OF DEATH (Month) 4 (Day) 1 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shipping clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Benjamin F. Chenoweth
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH known since March, 1943

002X Immediate cause (a) Pulmonary Tuberculosis

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox, Paranoid type — 41 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949 to 3/1 EST, 1950, that I last saw the deceased alive on 4/1, 1950, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE Henry C. Wood M.D. (Degree or title) ADDRESS Sykesville, Maryland DATE SIGNED 4/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/5/50
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) Towson Md. (State)
DATE REC'D BY LOCAL REG. Apr. 3-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Paul E. Chenoweth ADDRESS 3615-17 Chestnut Ave.

22699

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03943 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 5
STREET ADDRESS (If rural, give location): 1707 E. Eager St.,

3. NAME OF DECEASED (Type or Print) (First) LLEWELLYN (Middle) (Last) COLBERT
4. DATE OF DEATH (Month) April (Day) 4, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb., 1,1924
9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Hospital Attendent
11. BIRTHPLACE (State or foreign country): Petersburg, Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Colbert
14. MOTHER'S MAIDEN NAME: Sadie Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002x Immediate cause (a) Pulmonary Tuberculosis — June,1949

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 7, 1950, to April 4, 1950, that I last saw the deceased alive on April 4, 1950, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE: Reuben Hoffman, M.D. (Degree or title) — ADDRESS: Henryton, Maryland — DATE SIGNED: 4/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/6/50 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary cem. — LOCATION (City, town, or county) (State): Anne Arundel County - Md.

DATE REC'D BY LOCAL REG.: 4/4/50 — REGISTRAR'S SIGNATURE: Albert R. Swankhaus — 24. FUNERAL DIRECTOR: Mrs. Robt. Elliott & Daughter — ADDRESS: 1129 N. Caroline St.

Deputy Local

98842

RECEIVED
APR 5 1950
BUREAU V. S.

Evidence for addition in #3 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03944

FILM No. G 125 MAY 4 1950 **CERTIFICATE OF DEATH**

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll County; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Natal, Sykesville; LENGTH OF STAY (In this place) 22 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; STREET ADDRESS (If rural, give location) 13 W 3rd St

3. NAME OF DECEASED (Type or Print): (First) J. Melville (Middle) (Last) Cromwell

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/9/84

9. AGE Last birthday: 66 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transportation

10b. KIND OF BUSINESS OR INDUSTRY: R.R. Ticket Agent

11. BIRTHPLACE (State or foreign country): Frederick Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Melville Cromwell

14. MOTHER'S MAIDEN NAME: Mary Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk (If yes, give war or dates of service): Unk

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
430.0 Immediate cause	(a) Acute exacerbation Coronary Sclerosis	4 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decompensation	" "
	(c) Arteriosclerotic heart disease	Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, Simple deterioration — 6 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9/49 19..... to 4/30/50, 19....., that I last saw the deceased alive on April 30, 1950, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Conrad M.D. ADDRESS Sykesville Md DATE SIGNED 4/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF May 2 - 1950 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick - Md.

DATE REC'D BY LOCAL REG. Apr. 30, 1950 | REGISTRAR'S SIGNATURE C. Harry Eberly | 24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son - Frederick - Md.

24447

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03945

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morgan
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morgan
STREET ADDRESS (If rural, give location) Rural - Woodbine

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Belle (Last) Germroth
4. DATE OF DEATH (Month) April (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept 19, 1881
9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Roberts
14. MOTHER'S MAIDEN NAME ~~[illegible]~~ Maude Fitcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS ~~[illegible]~~ Naomi Gosnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Choledocholithiasis	3 days
584X Antecedent cause(s)	(b) Cholelithiasis	2 years
126 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia hypostatica — 1 day

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1950, to 4-24, 1950, that I last saw the deceased alive on 4-24, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE J. W. Hentzen, M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 4-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-27-1950
NAME OF CEMETERY ~~OR CREMATORY~~ Baltimore National
LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. 4-25-50
REGISTRAR'S SIGNATURE Edna M. Hewitt
24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

RECEIVED
APR 29 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03946

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton — LENGTH OF STAY (in this place): 11 mos. 14 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location): 1315 Shields Place

3. NAME OF DECEASED (Type or Print)	(First) MILDRED	(Middle) LULA MORTON	(Last) (GOLDSBROUGH)	4. DATE OF DEATH	(Month) April (Day) 9 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Mar. 22, 1919	9. AGE last birthday: 31 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic	10b. KIND OF BUSINESS OR INDUSTRY: Housemaid	11. BIRTHPLACE (State or foreign country): Sanford, Florida	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Robert Goldsbrough	14. MOTHER'S MAIDEN NAME: Elizabeth Mack				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 217-20-9745	17. INFORMANT AND ADDRESS: Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Dec., 1948

002 X

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1949, to April 9, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 11:P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Maryland	4/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-13-50	Mt. Auburn Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/9/50	Albert R Swankhaus	C. G. Cooper	512 N. Carrollton ave

Deputy Local

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03947

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 3/23/98
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 115½ Hanover Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marks	---	GOLDSTEIN	April	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	~~January~~ unknown 1870	79 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: Aaron Goldstein
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic myocarditis & myocardial degeneration	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Bronchopneumonia	3 weeks
(c)		

422.2
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency — over 60 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) ---
(COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to April 4, 1950, that I last saw the deceased alive on April 4, 1950, and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M. D. — Martin Gross, M. D.
ADDRESS: Sykesville, Maryland
DATE SIGNED: 4/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-6-50	Ohel Shalom	Balto. Md.

DATE REC'D BY LOCAL REG.:	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 5, 1950	C. Harry Weis	Jack Lewis Inc.	2100 Eutaw Place, Balto. Md. 21206

RECEIVED
APR 10 1950
BUREAU OF

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03948

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Taylorsville LENGTH OF STAY (in this place) 54 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Taylorsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) R.D. New Windsor

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) S.	(Last) GOSNELL	4. DATE OF DEATH	(Month) April (Day) 19 (Year) 50
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 4-19-1865	9. AGE last birthday 85 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith--retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME William H. Gosnell	14. MOTHER'S MAIDEN NAME Ruth Leatherwood				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT Augusta V.Gosnell, New Windsor, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Arterio Sclerosis	yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to April 19 1950, that I last saw the deceased alive on April 18 1950, and that death occurred at 2009 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. M. Van Poole	MD	Mt Airy Md	4-20-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 4-21-1950	NAME OF CEMETERY OR CREMATORY Mt. Olive	LOCATION (City, town, or county) Carroll Co. (State) Md.
DATE REC'D BY LOCAL REG. 4-20-50	REGISTRAR'S SIGNATURE E. M. Farver	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md.	ADDRESS

30285

APR 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03949

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 7-15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - Sykesville
LENGTH OF STAY (in this place): 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) (Last) GREENE

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 18. 1912

9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Student

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Germantown, Montg. Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S. Greene

14. MOTHER'S MAIDEN NAME: Maude Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unk

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
002X	Immediate cause	(a) Bilateral pulmonary tuberculosis	4 years
13b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1933, to April 15, 1950, that I last saw the deceased alive on April 15, 1950, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry C. A. Mead M.D. — ADDRESS: Sykesville, Md. — DATE SIGNED: 4/16/50

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: April 18. 1950 — NAME OF CEMETERY OR CREMATORY: Hedaville — LOCATION (City, town, or county) (State): Montgomery Co. Maryland

DATE REC'D BY LOCAL REG.: Apr. 16, 1950 — REGISTRAR'S SIGNATURE: Harry Heer

24. FUNERAL DIRECTOR — ADDRESS: Roy W. Barber, Taylorsville Md.

OOOVV

RECEIVED
APR 18 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03950

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine — LENGTH OF STAY (in this place) 18 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) ERNEST	(Middle)	(Last) HALL	4. DATE OF DEATH	(Month) April (Day) 28 (Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-22-1890	9. AGE last birthday 59 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Foreman	10b. KIND OF BUSINESS OR INDUSTRY B.& O. R.R.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME William G. Hall	14. MOTHER'S MAIDEN NAME Annie Harrison				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. 705-09-0200	17. INFORMANT AND ADDRESS Mrs. Annie B.Hall, Woodbine, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	3 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis and Coronary Sclerosis	2 yrs
	(c)	

420.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to April 28, 1950, that I last saw the deceased alive on April 27, 1950, and that death occurred at 6 P: m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stanley Grabill	M.D.	Mt. Airy, Maryland	4/29/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 5-1-1950	NAME OF CEMETERY OR CREMATORY Poplar Springs	LOCATION (City, town, or county) (State) Poplar Springs, Md.
DATE REC'D BY LOCAL REG. April 29	REGISTRAR'S SIGNATURE Edna M. Hewitt	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md.	ADDRESS

41847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03951

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural give location) Manchester Road

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) MATHIAS (Last) HANN

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 27 1870
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired, farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Carroll Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Samuel Hann
14. MOTHER'S MAIDEN NAME Mandella Utz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs James M. Hann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary insufficiency	3 mos
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Bronchial asthma	17 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Edema	4 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949 to Apr 3, 1950 that I last saw the deceased alive on Apr 3, 1950, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reese Wilkens ADDRESS Westminster DATE SIGNED 4/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 6.50
NAME OF CEMETERY OR CREMATORY Festers Cemetery
LOCATION (City, town, or county) Rural, Westminster Md (State)

DATE REC'D BY LOCAL REG. 4/5/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1950
BUREAU U. S.

03952 44

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 1948
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Benton (Middle) Wilson (Last) Higgins

4. DATE OF DEATH (Month) April (Day) 28 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-8-1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-watchman
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Montgomery County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME George W. Higgins
14. MOTHER'S MAIDEN NAME Mary Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	18 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	18 months
	(c)	

592x 13/a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, simple deterioration — 4½ years

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5-30, 1949, to 4-28, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at 7.05 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Md DATE SIGNED 4-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-1-50
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) Montgomery County (State) Md

DATE REC'D BY LOCAL REG. April 29, 1950
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
MAY 1 1950
BUREAU V. S.

03953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH · COUNTY: CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER — LENGTH OF STAY (in this place): ✓	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 1	STREET ADDRESS (If rural, give location): ROUTE 1

3. NAME OF DECEASED (Type or Print): (First) BRUCE (Middle) PEDDRICK (Last) HILL

4. DATE OF DEATH: (Month) APRIL (Day) 15 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT. 18, 1949

9. AGE last birthday: ___ yrs. If under 1 year: Months 5, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RAYMOND A. HILL, JR.

14. MOTHER'S MAIDEN NAME: JANE S. SANDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS. R. A. HILL, JR. WESTMINSTER, MD. R1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 3, 1950, to Apr 5, 1930, that I last saw the deceased alive on Apr 5, 1950, and that death occurred at 3 50 A m., from the causes and on the date stated above.

SIGNATURE: James T. Mark (Degree or title) MD — ADDRESS: Westminster Md — DATE SIGNED: Apr 5/60

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: APR. 7. 1950 — NAME OF CEMETERY OR CREMATORY: WESTLAWN HILL CEM. — LOCATION (City, town, or county): PHILADELPHIA (State): Pa.

DATE REC'D BY LOCAL REG.: 4/5/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

9-B-0-18-9-00-R-99-B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03954

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1620 Linden Avenue

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) (Last) Himmelfarb

4. DATE OF DEATH (Month) April (Day) 16, (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 6-6-1901

9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Maurice Himmelfarb

14. MOTHER'S MAIDEN NAME Ida Burger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of the breast with metastases	4 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency almost lifelong

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1942, to 4-15, 1950, that I last saw the deceased alive on 4-15, 1950, and that death occurred at 9.10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irene L. Wehrman, M.D. Springfield State Hospital 4-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4-17-50

NAME OF CEMETERY OR CREMATORY Rosedale

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG.: April 16, 1950

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 18 1950
BUREAU V. S.

03955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Sykesville; LENGTH OF STAY (in this place): 2 mos., 27 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 215 West Lanvale Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDNA	EARL	HORSEY	4	10	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Separated	10/19/75	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gloucester, Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Henry Davies

14. MOTHER'S MAIDEN NAME: Indiana Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute generalized peritonitis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrenous perforated appendix	4 days
	(c)	

550.1

121

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1950, to 4/10, 1950, that I last saw the deceased alive on 4/10, 1950, and that death occurred at 4:05 A EST m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry C. Mead M.D. ADDRESS: Sykesville, Maryland DATE SIGNED: 4/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-13-50	Ware Church	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 10, 1950	C. Harry Weer	Stewart & Mowen Co.	108 W Baltimore, Bald. Md.

RECEIVED
APR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 2,
STREET ADDRESS (If rural, give location) 733 Stirling St.,

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	PEARL	LENA	HOWARD	April	30	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Negro	Single	Mar. 7, 1900	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	House maid	Baltimore, Maryland	

13. FATHER'S NAME: Joseph Howard

14. MOTHER'S MAIDEN NAME: Carolina Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Lost	Mrs. Mary Hamilton, 733 Stirling St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	Nov., 1949
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 19, 1950, to April 30, 1950, that I last saw the deceased alive on April 30, 1950, and that death occurred at 12:30A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D. ADDRESS Henryton, Md DATE SIGNED 4/30/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/3/1950	Mt Calvary Mem. A. A. Co.		Md

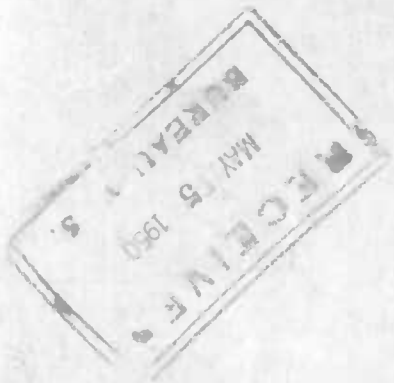
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/30/50	Albert R. Swankhaus Deputy Local	Rayner Sanders	1412 E Preston St

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
MAY 5 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03957

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton LENGTH OF STAY (in this place): 9yrs.10mos.6days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centerville,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WILLIAM THOMAS JAMES JR.				4. DATE OF DEATH (Month) (Day) (Year): April 30 1950			
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Mar. 25,1936	9. AGE last birthday: 14 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None		10b. KIND OF BUSINESS OR INDUSTRY: Never Worked	11. BIRTHPLACE (State or foreign country): Centreville, Maryland				12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William James			14. MOTHER'S MAIDEN NAME: Hester Wilson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Unknown				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	June,1940
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002x

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1940, to April 30, 1950, that I last saw the deceased alive on April 30, 1950, and that death occurred at 8:30 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
	Reuben Hoffman, M.D.	Henryton, Md.	4/30/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 5/4/50	NAME OF CEMETERY OR CREMATORY: Centreville	LOCATION (City, town, or county): Q. A. Co Md	(State)
DATE REC'D BY LOCAL REC.: 4/30/50	REGISTRAR'S SIGNATURE: Albert R. Swankhaus Deputy Local	24. FUNERAL DIRECTOR: Francis A Hennebery	ADDRESS: 578 W Biddle	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03958

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 8mos. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester
STREET ADDRESS (If rural, give location): Box 31

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEO	MILTON	JOBES	April	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	Negro	Married	Dec. 25, 1910	39 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Seafood	Phildelphia, Pennsylvania	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Nora Jobes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	218-10-4224	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Feb., 1949
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 5, 1949, to April 27, 1950, that I last saw the deceased alive on April 27, 1950, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Neeleen W. Hyman, M.D.		Henryton, Maryland	4/27/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr 30-50	Chester	Chester md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/27/50	Albert R. Swankhamer	Lewis A. Henry Cambridge md.	

Deputy Local

500 VI

RECEIVED
MAY 5 1950
BUREAU V. S.

03959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 81 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS "

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS " (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Keck

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH August 12-1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under Hours 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer. Gun Farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Herman Phillip Keck
14. MOTHER'S MAIDEN NAME Christiana Hirsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Wm. Englar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Disease — (History) 5 years

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1950, to 4-3, 1950, that I last saw the deceased alive on 4-3, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE J. L. Billingslea (Degree or title) M.D. ADDRESS Westminster, Md. DATE SIGNED 4-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 6-1950
NAME OF CEMETERY OR CREMATORY Sandymount Cem.
LOCATION (City, town, or county) Sandymount (State) Md.

DATE REC'D BY LOCAL REG. 4/5/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H. Bankard Son, Westminster, Md. ADDRESS

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1950
BUREAU

Evidence for additions in 18 & 21 shown on:

FILM No. G 125 APR 25 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03960

Reg. Dist. No. 79

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EPHRIAM (Middle) ELI (Last) KEENEY

4. DATE OF DEATH (Month) April (Day) 10, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 10/20/1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Western Maryland

10b. KIND OF BUSINESS OR INDUSTRY: Shop employee

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Keeney

14. MOTHER'S MAIDEN NAME: Sarah Biddinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-5855

17. INFORMANT: Margaret E. Smith Keeney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Shot-gun wound of heart

164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Self inflicted.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Alcoholism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) (COUNTY) (STATE) Middleburg, Carroll Co. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 4-10-50 10 pm.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR? Self inflicted gun shot wound of heart.

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

SIGNATURE: H. J. McClafferty (Degree or title) M.D. ADDRESS: 700 Fleet Street, Baltimore 2, Md. DATE SIGNED: April 11, '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 13, 1950

NAME OF CEMETERY OR CREMATORY: Bever Dam

LOCATION (City, town, or county) (State): Union Bridge, Md Rural

DATE REC'D BY LOCAL REG.: 4/13/50

REGISTRAR'S SIGNATURE: Fanny M. Powell

24. FUNERAL DIRECTOR: C. Fuss & Son ADDRESS: Taneytown Md

49649

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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APR 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03961

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy; LENGTH OF STAY (in this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy; STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) E. (Last) KELLEY

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-2-1878

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Retired

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Kelley

14. MOTHER'S MAIDEN NAME: Etta -- Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-05-5078

17. INFORMANT: Mrs. Grace Gosnell, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Hemorrhage	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteria Sclerosis with Hypertension	yrs
(c)		

331 7

83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1950, to Apr 5, 1950, that I last saw the deceased alive on Apr 5, 1950, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE W. Ray Poole (Degree or title) M.D. ADDRESS Mt Airy Md DATE SIGNED 4-5-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL; DATE THEREOF 4-8-1950; NAME OF CEMETERY OR CREMATORY Linganore; LOCATION (City, town, or county) (State) Unionville, Md.

DATE REC'D BY LOCAL REG. Apr 7/50; REGISTRAR'S SIGNATURE Thos D Snyder

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

RECEIVED
1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03962

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 61 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 61 Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Louise (Last) King

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 25 1879

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Thomas Stansbury

14. MOTHER'S MAIDEN NAME: Florence Townshend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: E. F. King 61 Penna. Ave Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 hrs

420.1 9th rev

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1944, to Apr 1, 1950, that I last saw the deceased alive on Mar 24, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reese Wilkens M.D. ADDRESS Westminster DATE SIGNED Apr. 3, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 4-1950 | NAME OF CEMETERY OR CREMATORY: Pridgere | LOCATION (City, town, or county): Cemetery Westminster (State): Md.

DATE RECD BY LOCAL REG. 4/3/50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: H. Bankard & Son ADDRESS: Westminster, Md.

RECEIVED
APR 5 1950
BUREAU V. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03963

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester — LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARY-ELIZABETH-MARTIN
4. DATE OF DEATH (Month) (Day) (Year): Apr 14 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Nov 30-1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Ephriam Martin
14. MOTHER'S MAIDEN NAME: Rachel Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Chester A Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Haemorrhage — 5 days

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Renal Disease Unknown

B1a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 10, 1950, to Apr 14, 1950, that I last saw the deceased alive on Apr 14, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Edgar M. Bush M.D. (Degree or title) — ADDRESS: Hampstead, Md — DATE SIGNED: 4/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Apr 17/50 — NAME OF CEMETERY OR CREMATORY: Grace — LOCATION (City, town, or county): Balto Co — (State): Md

DATE REC'D BY LOCAL REG.: Apr. 16 — REGISTRAR'S SIGNATURE: Mrs. H. R. S. Denner — 24. FUNERAL DIRECTOR: Edw C Tipton, Hampstead Md — ADDRESS

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03964 82

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeville — LENGTH OF STAY (in this place): 15 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeville
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Rural-- Mt. Airy

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Asburry	(Last) Mullinix	4. DATE OF DEATH	(Month) April (Day) 12 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: 7-28-1860	9. AGE last birthday: 89 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer--retired	10b. KIND OF BUSINESS OR INDUSTRY: own farm	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Charles T. Mullinix	14. MOTHER'S MAIDEN NAME: Polly Penn				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Ollie C. Mullinix, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Uremia due to	5 days
450.0 Antecedent cause(s) (b)	Chronic Interstitial Nephritis due to	? yrs
131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Advanced Arterio-sclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1950, to ....., 19....., that I last saw the deceased alive on April 11, 1950, and that death occurred at 12;20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stanley Grabill	M.D.	Mt. Airy, Maryland.	4/13/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 4-14-1950	NAME OF CEMETERY OR ~~CREMATORY~~: Howard Chapel	LOCATION (City, town, or county) (State): Long Corner, Md.
DATE REC'D BY LOCAL REG.: Apr 13/50	REGISTRAR'S SIGNATURE: William D. Snyder	24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03965

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Myrtle (Middle) Myerly (Last)

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 15, 1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assemblyer

10b. KIND OF BUSINESS OR INDUSTRY: Shoe factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver Angell

14. MOTHER'S MAIDEN NAME: Lucinda Engleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-28-2438

17. INFORMANT: S. Arthur Myerly, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Acute Pulmonary Edema — 15 Min.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis + Myocardial Degeneration — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1950, to 4/16, 1950, that I last saw the deceased alive on 4/16, 1950, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

R. S. McVaugh (Acting Deputy Medical Examiner) Taneytown, Md. 4/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 20, 1950 — NAME OF CEMETERY OR CREMATORY: Keysville Cemetery — LOCATION (City, town, or county) (State): Keysville, Maryland

DATE REC'D BY LOCAL REG. April 20/1950 — REGISTRAR'S SIGNATURE: Ethel M Metzing Local

24. FUNERAL DIRECTOR — ADDRESS: C.O.Fuss & Son Taneytown, Md.

49621

RECEIVED
APR 21 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03966

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 1/2 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3614 Edmondson Ave

3. NAME OF DECEASED (Type or Print) (First) Hazel (Middle) (Last) Oster
4. DATE OF DEATH (Month) April (Day) 26 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Mar 14-1895
9. AGE last birthday 55 yrs. If under 1 year Months 1 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME John Jerome Oster
14. MOTHER'S MAIDEN NAME Catherine Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Alfred Oster 3614 Edmondson Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia Hypostatic	4 da
752x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hydrocephalus	life
157a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1938, to Apr 26, 1950, that I last saw the deceased alive on Apr. 26, 1950 and that death occurred at 9.45 P m., from the causes and on the date stated above.

SIGNATURE H. F. Martin M.D. (Degree or title) ADDRESS Sykesville Md. DATE SIGNED April 26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 29/50.
NAME OF CEMETERY OR CREMATORY Baltimore Cem. North Ave.
LOCATION (City, town, or county) Bay Sts. Balto. (State) Md.

DATE REC'D BY LOCAL REG. 4/28/50
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Harry H. Nietzke, 4101 Edmondson Ave. ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03967

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 1 yr 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ---- Unknown
STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): (First) Roxie (Middle) ---- (Last) Pennington

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-31-1903

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer, millworker

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Bloomington, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Pennington

14. MOTHER'S MAIDEN NAME: Della Barracks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---- (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Springfield State Hospital (records)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lobar pneumonia	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tabo- paresis	12 years
	(c) Syphilis	44 yrs(?)

025 X
30b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ----
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ----
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ---- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to April 1, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 3.18 a.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M.D. (Degree or title) ADDRESS: Sykesville, Md DATE SIGNED: 4-1-50

Martin Gross, M. D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr. 4, 1950
NAME OF CEMETERY OR CREMATORY: Piedmont
LOCATION (City, town, or county) (State): Piedmont, W. Va.

DATE REC'D BY LOCAL REG.: Apr. 1, 1950
REGISTRAR'S SIGNATURE: C Stacy Keen

24. FUNERAL DIRECTOR: W. Harold Fredlock
ADDRESS: Piedmont, W. Va.

VS. A15

RECEIVED
APR 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03968

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Sykesville | LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2908 Vermont Avenue, Baltimore

3. NAME OF DECEASED (Type or Print): (First) ISRAEL (Middle) KESSLER (Last) PHILLIPS

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/21/63

9. AGE last birthday: 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired Grocer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Montgomery County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Israel K. Phillips

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Lobar Pneumonia	known 5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)	Senile Dementia	Unknown

490 ?
108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1950, to 4/1, 1950, that I last saw the deceased alive on 4/1, 1950, and that death occurred at 8:40 A m., from the causes and on the date stated above.

SIGNATURE Henry C. Mead (Degree or title) M. D. | ADDRESS Sykesville, Maryland | DATE SIGNED 4/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF April 4, 1950 | NAME OF CEMETERY OR CREMATORY Howard Chapel | LOCATION (City, town, or county) Howard County, (State) Maryland

DATE REC'D BY LOCAL REG. Apr. 1, 1950 | REGISTRAR'S SIGNATURE C. Harry Keen

24. FUNERAL DIRECTOR Roy W. Barber | ADDRESS Laytonsville, Md.

RECEIVED
APR 4 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

F03969

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Sykesville~~ Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS 1832 W. (If rural, give location) Fayette St. ~~Springfield State Hosp.~~

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) C.	(Last) Riggin	4. DATE OF DEATH	(Month) 4	(Day) 6	(Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH about 1881	9. AGE last birthday about 68 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William P. Riggin		14. MOTHER'S MAIDEN NAME Mary C. Throop	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Springfield State Hospital records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	5 min.
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Imbecility	Life
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1 July, 1947, to 6 April, 1950, that I last saw the deceased alive on 6 April, 1950, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert W Taylor	MD.	Springfield State Hosp. Sykesville	6 April 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/8/50	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 4-11-50 APR 7 - 1950	REGISTRAR'S SIGNATURE Ms. P. Harry Weer	24. FUNERAL DIRECTOR WM. J. TICKNER & SONS	ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 11 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03970

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 7mos. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) R.F.D. #1, Gilbert Road

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) SILVER (Last) RINGGOLD
4. DATE OF DEATH (Month) April (Day) 22, (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan., 28, 1898
9. AGE last birthday 52 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Truck Helper
11. BIRTHPLACE (State or foreign country) Aberdeen, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Emory Ringgold
14. MOTHER'S MAIDEN NAME Susie Hollingworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 220-22-0505
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	February, 1949
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 26, 1949, to April 22, 1950, that I last saw the deceased alive on April 22, 1950, and that death occurred at 3:A. m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman, M.D. (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 4/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/25/50
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
LOCATION (City, town, or county) (State) Aberdeen, Harford Co. Md.

DATE REC'D BY LOCAL REG. 4/22/50
REGISTRAR'S SIGNATURE Albert R. Swankham
24. FUNERAL DIRECTOR Henry Tarring & Sons, ADDRESS Aberdeen Md.

Deputy Local

98850

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03971

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) 70 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 E. Geogs St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural give location) 23 E. Geogs St.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Helena (Last) Rothenberger

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 20-1879

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: States N. Dell

14. MOTHER'S MAIDEN NAME: Sarah A. Breighner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: David William Rothenberger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-vascular disease	5 years
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1st, 1950, to April 21st, 1950, that I last saw the deceased alive on April 21st, 1950, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Billingsley, M.D. ADDRESS: Westminster, Md. DATE SIGNED: 4-24-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE: 4-23-1950; NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery; LOCATION (City, town, or county): Westminster; (State): Md.

DATE REC'D BY LOCAL REG. 4/24/50; REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: H. Bankard Dox; ADDRESS: Westminster, Md.

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03972

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown-Rural
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) David (Last) Sauerwein

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct.4,1861

9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J.Christopher Sauerwein

14. MOTHER'S MAIDEN NAME: Louise C.Shearer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Miss Margaret Sauerwein, Littlestown,Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery occlusion — Interval between onset and death: sudden

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932

(b) chronic myocardial disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. I, 1949, to April 8, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 8.30 p m., from the causes and on the date stated above.

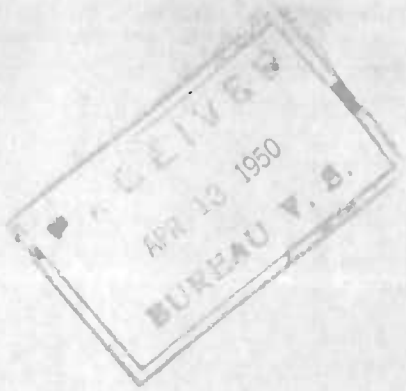
SIGNATURE Donald B. Cooper (Degree or title) M.D. ADDRESS Littlestown,Pa. DATE SIGNED 4-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 4/12/50 | NAME OF CEMETERY OR CREMATORY: Zion Reformed | LOCATION (City, town, or county): Frederick, Rural (State): Md.

DATE REC'D BY LOCAL REG.: April 10, 1950 | REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: C.O.FUSS & SON ADDRESS: Taneytown,Md.

8600


RECEIVED
APR 13 1950
BUREAU V. S.

Schroder

Check date of Death

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03973

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 15 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 209 Glenmore

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) W. (Last) Schroder
4. DATE OF DEATH (Month) Apr (Day) 15 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 6-1878
9. AGE last birthday 72 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Wade
14. MOTHER'S MAIDEN NAME Rose Strutman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Harold Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 Mk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen'l Arterio Sclerosis	10 yrs
	(c)	

331x
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1948, to Apr. 15, 1950 that I last saw the deceased alive on Apr. 10, 1950, and that death occurred at 11-50 P m., from the causes and on the date stated above.

SIGNATURE M. J. Waston (Degree or title) M D ADDRESS Sykesville DATE SIGNED April 15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 19/50
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) 2930 Frederick Rd. Balto. Md.

DATE REC'D BY LOCAL REG. 4/17/50
REGISTRAR'S SIGNATURE R.A. Hedrick
24. FUNERAL DIRECTOR Harry H. Wintzfe, ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03974

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (In this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) unknown ✓

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E. (Last) Stickley

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1950

5. SEX: ~~white~~ fem. — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single — 8. DATE OF BIRTH: 9-18-1885 — 9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): West Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Job R. Stickley — 14. MOTHER'S MAIDEN NAME: Melissa Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 minute

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c) Arteriosclerosis and hypertensive cardiovasc. dis. — 17 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 42 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-, 19 42, to April 13, 19 50, that I last saw the deceased alive on 4-13-, 19 50, and that death occurred at 2.25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Irene L. Hellman, M.D. — Springfield State Hospital — 4-13-50

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE THEREOF 4/17/50 — NAME OF CEMETERY OR CREMATORY University Hospital — LOCATION (City, town, or county) (State) Balto City Md

DATE REC'D BY LOCAL REG. April 17, 1950 — REGISTRAR'S SIGNATURE C. Harry Weed — 24. FUNERAL DIRECTOR Mrs Frances A Hemsley — ADDRESS 578 W Biddle St

RECEIVED
APR 19 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03975

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Unk.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Sykesville — LENGTH OF STAY (in this place) 44 yrs. 2 mos. 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) Rowland	(Last) Swartz	4. DATE OF DEATH	(Month) 4	(Day) 12	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ~~[illegible]~~ 1882	9. AGE last birthday 67 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Thomas Edward Swartz	14. MOTHER'S MAIDEN NAME Nannie C. — ?						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bilateral Chronic fibrous pulmonary tuberculosis	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002x

13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Imbecility	44 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1906 to April 12, 1950 that I last saw the deceased alive on April 12, 1950, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sears Caldwell M.D. ADDRESS DATE SIGNED 4-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 4/14/50	NAME OF CEMETERY OR CREMATORY University Hospital	LOCATION (City, town, or county) Balto City (State) Md
DATE REC'D BY LOCAL REG. April 15, 1950	REGISTRAR'S SIGNATURE C. Harry Weir	24. FUNERAL DIRECTOR Mrs Frances A Hemsley 578 W Biddle	ADDRESS

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03976

CERTIFICATE OF DEATH

Reg. Dist. No. 79

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Key Mar; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) MONROE (Last) WETZEL

4. DATE OF DEATH: (Month) Apr (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: April 23, 1927

9. AGE last birthday: 22 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Lime Hauling

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S. A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Bertha Wetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) 1945

16. SOCIAL SECURITY NO. 215-20-9982

17. INFORMANT AND ADDRESS: Mrs. Walter Wilson, Keymar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dislocated cervical vertebra — Interval Between Onset and Death:

911.0

Antecedent cause(s)

176

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garage

(CITY OR TOWN) Key Mar (COUNTY) Carroll (STATE) Md

TIME OF INJURY (Month) 4 (Day) 22 (Year) 50 (Hour) 1:30 p.m.

INJURY OCCURRED While at Work ☑ Not While At work ☐

HOW DID INJURY OCCUR? Tire blew from one nut into Wetzel's face

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James T. Monroe Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 4/22/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 4/25/50; NAME OF CEMETERY OR CREMATORY Keysville, LOCATION (City, town, or county) (State) Keysville, Carroll, Md.

DATE REC'D BY LOCAL REG. 4/25/1950; REGISTRAR'S SIGNATURE Nancy M. Powell

24. FUNERAL DIRECTOR: C.O. Fuss & Son ADDRESS Taneytown, Md.

420.23

BUREAU
APR 28 1950